

can be assumed to have been thoroughly examined unless a roentgen-ray study of the bowel has been made.

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Ophthalmology

Medical Ophthalmology—Ophthalmology has often been regarded as an isolated specialty without a definite relation to general medicine, excepting in such cases where the fundi show signs of a kidney lesion, or in such diseases as goiter, where the eye signs are prominent. There are, however, a great many diseases in which the ophthalmological findings are definite and of real value in helping to establish the diagnosis. This is true of such diseases as those of the blood vessels (arteriosclerosis); blood diseases: pernicious anemia, leukemia, chlorosis, and others; disorders of the nervous system; nutrition and metabolism; specific infections; hereditary conditions; effects of drugs; parasites and other isolated diseases.

With the introduction of the electric ophthalmoscope, the examination of the eye grounds has become more or less a routine in all cases, so that the average fundus lesion is no longer a mystery to the general practitioner.

One difficulty with medical ophthalmology has been the lack of a ready reference book wherein were discussed briefly and concisely all the ophthalmological signs of general diseases. There have been several excellent books, but they have dealt with the subject in great detail and from an ophthalmological viewpoint. Recently Moore* has written a second edition of his book on Medical Ophthalmology. In this book an attempt has been made to give a concise account of those pathological conditions of the eyes which are of interest in general medical diseases. The changes are chiefly considered under the heads of separate diseases. In Chapter 1 are collected together for separate consideration a heterogeneous group of important ophthalmological signs and symptoms without special reference to the disease with which they are connected. The subsequent chapters are arranged to include systemic groups, such as disease of the nervous system, toxic amblyopia and others. In the table of contents the arrangement is such that one can easily find the desired reference. The matter is fully discussed without the nonessential yet mentioning, the unusual that may occasionally be important. For example, in discussing Argyl-Robertson pupil the fact is also brought out that it sometimes occurs in cases where syphilis can certainly be excluded as the cause.

This book, then, gives a convenient reference on Medical Ophthalmology in which the eye findings can easily be correlated with the general medical examination.

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* Moore: Medical Ophthalmology, second edition. Blakiston's Son and Company, Philadelphia.

Physical Therapy

Hospital Control of Physical Therapy—It was not until the American Medical Association seriously considered the value of physical therapeutics in medical treatment and established the Council of Physical Therapy that the main portion of the regular medical profession paid more than a passing interest in its employment in practice. That commercially inclined individuals, urged on by the manufacturers of the various appliances, have reaped an immense financial benefit, is common knowledge. The unscrupulous persons have utilized, largely in a distorted way, methods developed by the pioneer group of physicians who have devoted and devised rational, scientific procedures by the use of water, massage, exercises, and electricity in the treatment of certain diseases and disabilities.

Mock,¹ chairman of the Council of Physical Therapy, in the following remarks, expresses a sensible attitude in which the profession should cooperate: "Physical therapy has come to the front so rapidly and with so much enthusiasm on the part of a great many of us that great care must be observed lest we go too far with it. I don't know whether it would be a good thing for every doctor in the country to have physical therapy equipment in his office or not after traveling around and seeing the way some doctors are using it. We must train a new tribe of doctors in the future who will know it just as they know how to give castor oil and strychnin. Then perhaps it will be safe. Today it is not safe for every doctor to have physical therapy equipment in his office. Physical therapy came into its legitimate place in medicine during the World War. Today it is gradually taking its place with the usual medical and surgical procedures. Unless we guard against allowing it to replace careful diagnostic measures, followed by well-defined but less spectacular methods of treatment, and especially unless we guard against its insidious tendency to make its master an easy living, physical therapy may lead into dishonest practice or quackery."

Granger² emphasizes the importance of hospital control, in part as follows: "A department of physical therapeutics is an economic gain to the community at large, and if not directly a source of revenue to the hospital, yet indirectly, by shortening their stay there, will permit a given number of beds to accommodate a larger number of patients and thus for all intents and purposes increase the bed capacity of the hospital without appreciable increased expense. Not only do the hospital and the community at large benefit from an economic standpoint, but also the patient, who is returned to gainful occupations without impairment of function."

The hospital is the logical place for the development and administering of physical therapy. Under its surveillance the various procedures can be rationally employed, patients receive adequate treatments, scientific investigation carried on and reliable knowledge acquired. Physicians requiring physical therapy assistants should employ only adequately trained

1. Mock, Harry E.: Archives of Physical Therapy Radium, December, 1926, pp. 748-50.

2. Granger, Frank E.: The Journal of the American Medical Association, March 12, 1927.